

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-10278		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE											
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH: 06/16/14		DAY MON		TIME: MILITARY 1519					
CRASH OCCURRED ON 10 Dave Ave, Lebanon, OH 45036														WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION														N		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE	
LOG-1		LOG-2		LOC		JUR		FH/9		FILT									
A		UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Sentry Select					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) ECK, Nicholas														ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2179 Kenworthy Rd, Camden, OH 45311					
PHONE NO. (937) 733-7935		BIRTH DATE 9/10/93		AGE 20		SEX M		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. TQ186762		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Zimmer Tractor Inc.														ADDRESS 461 Breaden Dr, Monroe, OH		PHONE (937) 733-7935			
VEH YR 01		MAKE Ford		MODEL F-650		COLOR White		STYLE TK		STATE OH		LICENSE PLATE NO. PEG4947		TOWING SERVICE					
VEH/PED DIR FROM W TO E		CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8		UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Brower							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)														ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Equal People LLC														ADDRESS 1190 N. Broad St, Fairborn, OH		PHONE (937) 232-1580			
VEH YR 06		MAKE Chevy		MODEL Trailblazer		COLOR Black		STYLE SW		STATE OH		LICENSE PLATE NO. FAR1586		TOWING SERVICE					
VEH/PED DIR FROM S TO N		CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m d y		AGE		POSITION A B C D E F		INJURIES A B C D E F					
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m d y		AGE		SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m d y		AGE		SEX		CONDITION A B C D E F					
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m d y		AGE		SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
A		B		C		INJURED TAKEN TO		By		A		B		C					
D		E		F		INJURED TAKEN TO		By		A		B		C					
A		B		C		INJURED TAKEN TO		By		A		B		C					
D		E		F		INJURED TAKEN TO		By		A		B		C					
A		B		C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B		C					
D		E		F		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B		C					
RECEIVED CALL 1519		DISPATCHED 1521		ARRIVED 1527		CLEARED 1536		OTHER TIME		TOTAL MINUTES 27		A		B					
DATE REPORT FILED M D Y		PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER'S NAME T. Cooper		BADGE NO. 125		CHECKED BY		A		B		C					
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		1 ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG							

LOCAL FILE NO.

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION